### YLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Page files. Health, b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and gi write RURAL and give negrest town) EASTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ad-IS RESIDENCE ON A FARM? YES NO 13 Middle 4. DATE DECEASED (Type or print) DEATH 1961 with 6. COLOR OR RACE 7. MARRIED LA NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Devs Hours WIDOWED ! 12. CITIZEN OF WHAT COUNTRY? most a working life, even if retired) pages 1 within form PM3. in Item 18. Give File WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. unkown) | (If yes give wer or dates of service) Office along with burial-transit perm INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause, IMMEDIATE CAUSE (e) Conditions, if env. which geve rise to immediate cause Examiner's 40 DUE TO (a), steting the undarlying causa last. pe nseq cremation, PART ILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED the word Medical NO plnods 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stele) factory, street, office bldg., etc.) While Not While Hour a.m. forwarded to the L DIRECTOR: P. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry > and in my opinion Natural causes X. death resulted from Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL EXAMINER'S NAME (Type) pluods Address (Streat, city, town, or county) 22e. BURIAL, CREMATION. OR CREMATORY 22d. LOCATION (City, town, or country) 9359 (Stete) REMOVAL (Specify) 40 6 UriA EUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kraus

25 1501 111111 Extractly on the sate of backs of the MAK 5, 1361 172 MARKY BOOK SEED & COLLEGE EAST OF YEST AND the Andreway State of the State BEST SERVICE PROPERTY SERVE Protestados de sencialistados interior entraporar son de entraporar de la constante de entraporar de Mineral Report of the Committee of the C The state of the s

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND 13104 CERTIFICATE OF DEATH il director, filed with after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) D. COUNTY b. COUNTY MARYLAND 001 funeral uld be fi CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITYOR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) shauld d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE Middle Month Last DECEASED DEATH November Pages death. (Type or print) fille IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE MARRIED NEVER MARRIED campletely Manths WIDOWED A DIVORCED papers. USUAL OCCUPATION (Give hind of work dane 10b. foreign country KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or during most of working life even if retired) hour and UDG 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Sar Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) attending that the death CAUSE OF DEATH | Enter only one couse p for (o). ā I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the **DUE TO** þ permit. Conditions, if ony, which gned gave rise to immediate DUE TO cause (o), stoting the underhas been si lying couse lost. burial-transit aftending physician 50 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY crematian, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) certificate 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED factory, street, affice bldg., etc.) p MEDI Hour o. m. While Not while at wark at wark p. m. detached far 21. I certify that this haspital attended the deceased from . and that death accurred at 7M; fram the causes and an the date stated above. the deceased alive an DIRECTOR: SIGNAU ATTENDING PHYS. STAFF PHYS. MED-DIRECTOR M.D. pe OR PHYSICIAN 22d. ADDRESS pino AME (Type) Michaels, Maryland R. Lane Wroth page 3 st the State O HOSP 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, FUN REMOVAL (Specify) UYIA 0 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNDRAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR NOV 2 9 '6 Circling S. House VR A15 (4) DATE 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

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Day

ON A FARM? YES NO DE

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Hours

INTERVAL BETWEEN

PERFORMED2 YES ID NO

(e), that (1) (we) last

(State)

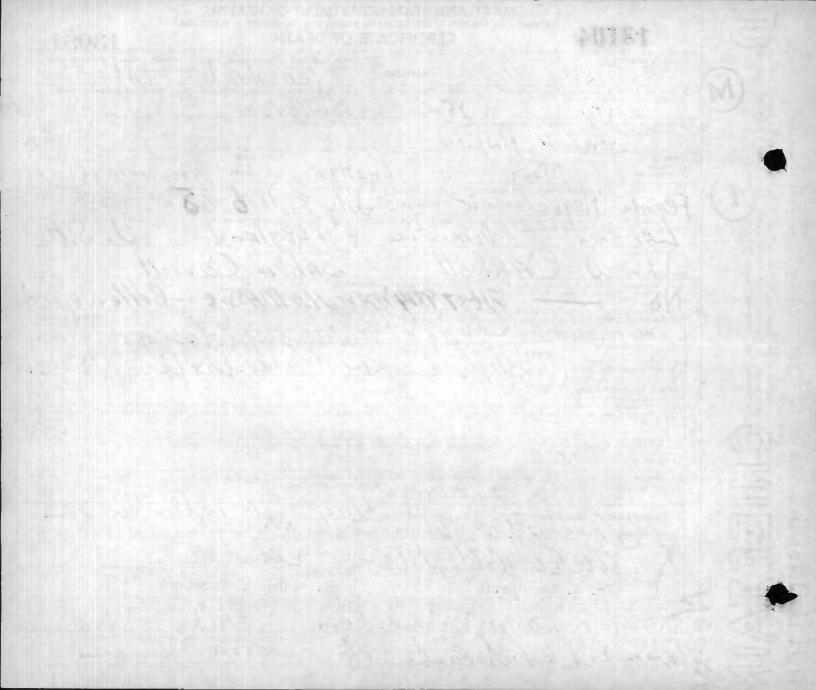
22b. DATE

State)

SIGNED

(County)

12. CITIZEN OF WHAT COUNTRY?



VR A1S (4) 1SM 9/S9

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1	3	1	U	•)

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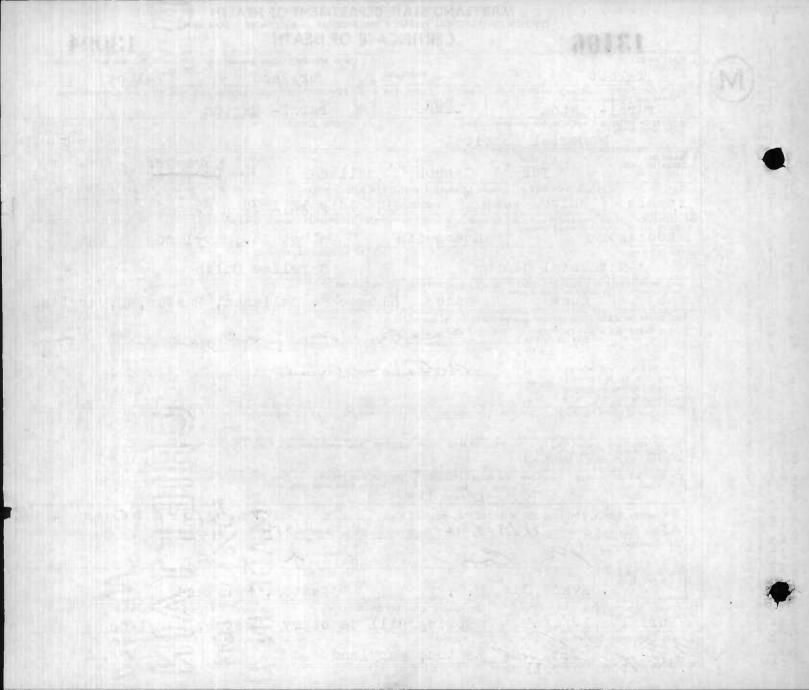
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	TOTAL	CERTIFICA	IE OF DEATH	13	1093
1.	PLACE OF DEATH	rom birth cer	2. USUAL RESIDENCE (When	re deceased lived. If institution: Reside	eyce before pamission
	o. COUNTY Talbot	MARYLAND	o. STATE	b. COUNTY	salfri
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside corporate limits, write RURAL and	Laive nearest town)  (4) Easton
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  NO ORICAL  HOSPI	oddress)	STREET ADDRESS	128 Higgins Stre	
3.	NAME OF First	Middle	Lost 4	4. DATE Month	Day Yeor
	OECEASED (Type or print) Raby	91R1 7	BROWN ,	DEATH NOVember	8 1961
S.	SEX 6. COLOR OR RACE 1. MARI	TEN CHI THE MARKIES HA	B. DATE OF BIRTH	9. AGE (in years lost birthdoy) yrs.	Days Hours Min.
100	b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OF INDUS	TRY 11. BIRTHPACE (Side of	foreign country) Santas	ITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	B	14. MOTHER'S MAIDEN NA	ME ME	th Cornish
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Ruth Aderni	16h
	(If yes, give war or dates of service)		James	muse 1	Mother
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]	1 UN 11 UN	00000	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	YKEMATURIT	Y		SINCE SINCE
	776X DUE TO		(		BIRTH
	Conditions, if ony, which (b)				/
	gove rise to immediate couse (a), stating the under-lying couse last.				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PA	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	). (Enter noture of injury in Po	rt I or Port 11 of item 18.)	
MEDICAL		fac	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
MED	Hour o. m. While of wor	IADI MIIIE	orty, tricking orthogonal orthogonal		
	21. I certify that (I) (this hospitat) attended	ded the deceased fram	11-6-61 19		c, that (I) (we) last
	saw the deceased alive an	19 and that d	eath accurred at 5/9/ A	M, from the causes and on th	
	220. SIGNATURE	My M.D.		STAFF PHYS	22b. DATE SIGNED
	22c. PHYSICIAN'S DONALD F.	BARTLEY, M.	D 22d. ADDRESS	TON, MP.	, ,
23	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	1/23c. NAME OF CEMETERY OF	r CREMATORY HPh	23d. LOCATION (City, town, or county	ma (ote)
Ì	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS HAND	Pastu 250. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S S	
		111111111111111111111111111111111111111	W. K. I. VIII. LIEL		

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	131	06		CERTI	FICA	TE OF D	EATH				4.5	309	94	
1. PLACE OF	Talbo	t		MAR	YLAND	2. USUAL RES o. STATE	DENCE (WI		ed lived. If in b. CO	unty	Residence	e befar	e admiss	ion)
b. CITY C	OR TOWN (If o	outside carparate limi	its, write	c. LENGTH OF STA	Y IN 16		- M		orate limits, w	vrite RUR	AL and gi	ve nea	rest tawn	1)
	and give near	Easton		_DOA_		Xr	ural-	Eas	ton					
d. NAME	OF HOSPITAL	(If not in hospital, g		,		d. STREET					MA			IDENCE FARM?
3. NAME O	F	Fir		Middl	e	Lo	est	4. DATE	370 110	Month	_	Day		Year
(Type or s		Ida	1	Gannon		Callaha	an	OF DEATH	Nove	mbe:	r 30	Du,		1961
5. SEX	(	S. COLOR OR RACE	7. MAR	RIED WEVER MARE	RIED 🔲	B. DATE OF BIRT	гн		9. AGE (In	years II	UNDER 1	YEAR		
Fema		White	WIDOW			July	12,1	.876	last birth	yrs.	Months	Days	Hours	Min.
10a. USUAL	OCCUPATION	(Give kind of work	dane 10b.	KIND OF BUSINESS	OR INDU						12. CITIZ	ENOF	WHATC	OUNTRY
	sewor		'	housewil	fe	Tal	Lbot	Co	Marvl	and		TIS	ΔZ	
13. FATHER'S						14. MOTHER'S			J			-02		
	Nat	hanial (	ann	on		Ca	aroli	ne C	alip					
15. WAS DEC	CEASED EVER I	N U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. IN	FORMANT				Address	s			-
no	indwn) (ii )	none	ervice)	none	Th	omas H.	. Cal	laha	n. Eas	stor	, RD	. Ma	rvl	and
	PART I. DEATH	WAS CAUSED BY:		ne far (a), (b), and (c		al (f		me	2000			INTE	RVAL BE	TWEEN
gave cause (	tians, if any, rise to imn a), stating the couse lost.	nediate (	)	arte		- clor	<del></del>							
CERTIFICATION ON SOO SOO SOO SOO SOO SOO SOO SOO SOO S	PART II. OTHER			CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERM	INAL DISEAS	SE CONDITIO	N GIVEN	IN PART	1(a) 19	PERFO	AUTOPSY RMED?
	ATRIBUTING [	UNDERLYING  CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	O. (Enter nature	of injury in	Part I ar Pa	rt II af item 1	B.)				
	E OF INJURY our a.m. p.m.	Manth, Day, Yes	20d. I While at war	NJURY OCCURRED Not white at work	20e. PL/ fac	ACE OF INJURY tary, street, affic	(Hame, farm e bldg., etc	20f. (Cit	y ar tawn)		(Co	ounty)		(State
21. I ce	ertify that	(I) (this haspital	) attend	ded the deceased	fram		19	19. ta_	11/2	0/	19.6	L, the	at (I) (s	we) las
		alive an 11		2/ 1961, and										
22a. SIG	NATURE	123	C	3-6		ATTENDIN PHYS.		ED.	STAFF PHYS.					SIGNED
	'SICIAN'S ME (Type)					22d. ADDR	ESS	-	1 3				1.91	
	P.	Evans (	ox,	M.D.		E	aston	, Ma:	ryland	đ				
	CREMATION,	23b. DATE THEREC	F	23c. NAME OF CEA	AETERY O	R CREMATORY		23d. LOCA	TION (City, I	awn, ar	caunty)		(State	e)
Bur	at (Specify)	12/4/61		Spring	Hil!	1 Cemet	tery	Eas	ton, 1	Wary	rlan	đ		
24 EUNERAL	DIRECTOR'S S	SIGNATURE		ADDRESS			250. REC'	D BY REGIS			RAR'S SIGI			
4	angle	n Esan	ee	Easton,	Mar	yland	DATE	0 1	01	and	wn & :	trau	4	
· Fla	no con	Carroll						1	-	-				



TO HOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \sqrt{\pi}\$ death ge 4 may be retained by the hospital or attending physician.

\$\frac{\pi}{2} \sqrt{\pi}\$ TO FUNCERL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral \$\frac{\pi}{2} \sqrt{\pi}\$ director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should \$\frac{\pi}{2} \sqrt{\pi}\$ be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with \$\frac{\pi}{2}\$ hours after death.

DIVISION	OF STATISTICAL	RESEAF	RCH AND RECO	ORDS, 3	O1 W. PRESTO	N STREE	T, BALTIMO	RE 1, MAI	RYLAND	
1	3107		CERTIFIC	CATE	OF DEATH			13	095	
1. PLACE OF DEAT	Н			2.	USUAL RESIDEN	ICE (Where			idence before	admission)
a. COUNTY T	albot		MARYL	AMD	a. STATE	1 3	b. COUN		. 4	
b. CITY OR TOWN	(if outsida corporate limits	5,	c. LENGTH OF STAY		c. CITY OR TOWN		orporate limits, write	RURAL end o		wn)
write RURAL an	d give neerest town)									100
rural R	INL OR INSTITUTION (IF	met in boso	10 year	rs	d. STRUPADRESS	Royal	Oak		l a IC B	ESIDENCE
			oliai, give siteel addre	58)						A FARM?
Hollan	d Point Far	n			Holland				YES	№ Ц
J. NAME OF DECEASED	First		Middle		Lest	4. DAT	E Month		Day Yee	ır
(Type or print)	C	NTSJET	L CLARK			DEA:	TH NO	r. 21	19	61
5. SEX			NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In yeers last birthdey)	IF UNDER TY		R 24 HRS.
male	white	WIDOWED	DIVORCED	- Oc-	t. 6, 1888		73 yrs.	Months De	ys Hours	Min.
10e. USUAL OCCUPA	TION (Give kind of work	10b. KII	ND OF BUSINESS OR	_ 00			or loreign country)	12. CITIZE	N OF WHAT	COUNTRY
	orking life, even if retired		ne Company		Dalarrama			1		
plant man 13. FATHER'S NAME	ager	Durc	ont Company		Delaware MOTHER'S MAIDEN				J. S.	
is. TATTLE STAME				17.						
	re Clark					et Hoo	per Cutt	13		
	VER IN U.S. ARMED FOR (If yes give war or dates of se		SOCIAL SECURITY NO	). 17. INF	ORMANT		Address			
			9-03-4420	Mrs.	Helen B.	Clark	Royal	Oak, M	id.	
18. CAUSE OF	DEATH [Enter only ona	cause per li	ne for (e), (b), end (c)						INTERVAL BE	
PART I. DEA	TH WAS CAUSED BY:	2	of theres a	Plant	2				ONSET AND	DEATH
451	IMMEDIATE CAUSE (+)_	174	your -	CVV	. 2	ry			1 74	
	DUE TO							44.0		
Conditions, if en										
(a), steting the	DITE TO									
causa last.	(c)									
PART II. OTHE	ER SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH	BUT NOT R	LATED TO THE TERM	INAL DISEA	E CONDITION GIV	EN IN PART 1	a) 19. WAS	
									YES T	NO TO
PART II. OTHE	VAS UNDERLYING [	20h DESC	RIBE HOW INJURY O	CCURED (Fr	ter neture of injury in	Pert Lor Pa	rt II of itam 18.1		1.00	TA XX
OR CONTRIBUTING	G CAUSE OF DEATH	200. DESC	- KIDE HOW HAJORI C	CCORED. (EI	101 1101010 01 1111017 111					
	Y MEDICAL EXAMINER)									
20c. TIME OF INJ		r   20d. II Whila			OF INJURY (Home, far streat, office bldg., et		City or town)	(Count)	()	(Stata)
Hour a.m.		et work		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	that (I) (this hospital	al) attend	led the deceased	from		196-6-	0/1-21	- 196	( that (1)	(we) las
	2 4	1	/ 4 4			-				
	ased alive on	1	19	nd that de	arn occured ar		om the causes	and on the		b. DATE
22e. SIGNATURE	13	0+	-	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		221	SIGNED
22c. PHYSICIAN'S					22d. ADDRESS					
NAME (Type	Dr. P. E.	Cox			East	on, M	aryland			
23a. BURIAL, CREMA	TION, 236. DATE THER		23c. NAME OF CE	METERY OR			OCATION (City, Io	wn or county)	(5	State)
REMOVAL (Specify	Nov. 24,1	961	Pencater	Cemet	erv	GI	asgow. De	laware		
24 FUNERAL DIRECTO			ADDRESS	- WHILM M			SISTRAR 256. REG		GNATURE	
	Newnam &	on	Easton,	Marvl	and DATEO	v 2 7 '6	1 (1)	un 8. The	· La A	
raulice D	, -CWITCHILL G	OII	Dascon	THE YA	TOWN O	X & 8 0	e I CANC	2. 100		

MARYLAND STATE DEPARTMENT OF HEALTH

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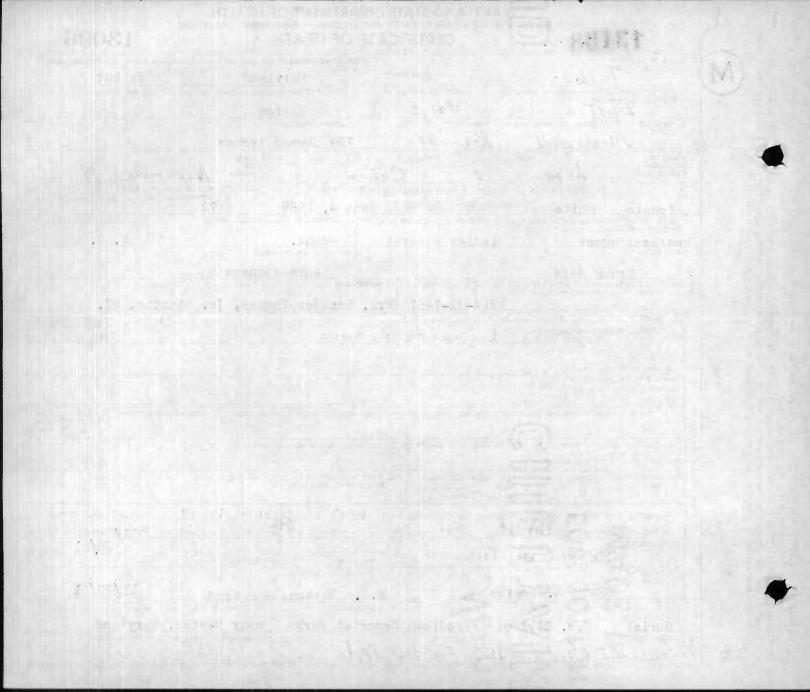
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VR A15 (4) 1SM 9/59

# 13108

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY Talkot MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland  Talbot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Easton 3days	Easton
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDEN
Memorial Hospital	709 Elwood Avenue
3. NAME OF DECEASED (Type or print) Lema E Col	Lost 4. DATE Month Doy Year OF DEATH NOVE MARK 19 196
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours M
female white WIDOWED TO DIVORCED	Tune 4, 1889 72 yrs. Months Days Hours M
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN
business owner ladies apparel	Penna. U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Hess	Laura Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service) 21.4-32-7457 Mrs	s. Leander Thomas, Jr. Easton, Md.
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  (b)  DUE TO  DUE TO  (c)	interval Between onset and dea capital 19
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Story, street, office bldg., etc.)
21. I certify that (1) (this haspital) attended the deceased fram.	
saw the deceased alive an 11-19 1961, and that d	
220. SIGNATURE Robert W. Trever	ATTENDING MED. STAFF SIG
22c. PHYSICIAN'S NAME (Type) Robert W. Trever M	D East on Maryland 11/20/61
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Burial Nov. 22,1961 WOODLAWN MEM 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
Maurice E. Neumann + Son Fastow, 1	Md DATEINV 22'61



# FOR STATE HEALTH DEPT. TO DE TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a felay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the feral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours for the death.

VS. A15ME 5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-	13109	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
e. COUNTY TAL IS OT MARYLAN	ND 8. STATE NARY AND 6. COUNTY TAIRCT
b. CITY OR TOWN (if outside corporate limits, write BURAL and give naerest town)	
EASTON 16 415	29 EASTON
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stress address)	
S. WASHINGTON	S. WASHINGTON YES NO DE
3. NAME OF First Middle	Last 4. DATE Month Day Year
OFFICE (Type or print)  HELEN MERRICA	
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COUNTRY?
done trying most of working life, even if relired)  ALESLADY  MERCANTIL	- 1 -1 -1
13. FATHER'S NAME	14. MOTHER'S MAJOEN NAME
MEDFORD M. MERRICK	ANNA PRICE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, n. unkown) (lifyesgive war or datas of service)	17. INFORMANT Address
10 712-16-1480	R. ELLIS LLARK (NECORDS) EASTON, MO
18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: MOUNTY OCC	clusion
47 DIL DUE TO	
Conditions, if eny, which (b)	
gave rise to Immediate cause	
(a), stating the underlying DUE TO	
Cause last. (c)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY
PART II, OTHER SIGNIFICART COMMINGS CONTRIBUTIONS CONTRIBUTIONS	PERFORMED?
3	YES NO X
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE PRIMARY OF CONTRIBUTING CONTRIBUTING COURSE OF DEATH.	RED. (Enter nature of injury in Part I or Part It of item 18.)
	le, PLACE OF INJURY (Homa, farm, † 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d While Not While et work at work	factory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above	
death resulted from: Natural causes Accident	Suicide, Homicide, Undetermined manner
I Must	CHIEF MEDICAL EXAMINER
SIGNATURE OMIS ( MCLy	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER ( 17-7-61
22 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETE	Address (Street, city, town, or county)  ERY OR CREMATORY 22d. LOCATION (City, town, or country) (Sure)
REMOVAL (Specify) DEC 261 SPRING	3 HILL EASTON NO
23. FUNDAL DESETOR	248. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
Arestrike Coston	DATE DEC 4 '61 Orthur S. Kinns

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAR

13116	CERTIFICA	TE OF DEATH	MORE I, MARICAND	13098
1. PLACE OF DEATH O. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased fived. If institution: b. COUNTY	Residence (Setate admission)
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	X Life	utside corporate limits, write RURA	L ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Memory (a)	street oddress) ospital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO [2]
3. NAME OF DECEASED (Type or print)	Middle C v	Lost	4. DATE Month OF DEATH NOVELLE	
7	MARRIED NEVER MARRIED	San 22, 18	80° lost birthdoy) Mc	UNDER 1 YEAR IF UNDER 24 HRS. Donlhs Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if relired)	10b. KIND OF BUSINESS OR INDO	Maryle	rud	12. CITIZEN OF WHAT COUNTRY?
allfaudei Dei	uny	14. MOTHERS MAIDEN N	Kelly	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war ar doles of service)	S? 14 SOCIAL SECURITY NO. 17-11	IN Eliza	bet) Steven	s Trappe, M
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).]	à Care		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b)_	O varia	Carci	ona	2
gove rise to immediate couse (a), stating the under:    ying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDIT				IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE			
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19	20d. INJURY OCCURRED While Not while of work of work	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (City or town)	(County) (Stote)
21. I certify that (I) (this haspital) of saw the deceased alive an			M, fram the causes and c	. 19 <u>61</u> , that (I) (we) last on the date stated abave.
220. SIGNATURE	and a	M.D. PHYS. ME		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. P. Evans	7		Varyland	
230. BUPAL, CREMATION, JOUR 22, 19	961 Spring R	all Com	23d. LOCATION (City, town, or co	Ma.
Marrie E. Neuman	1 450N Easter	Mal DATELOV	m 101	8. Kraus

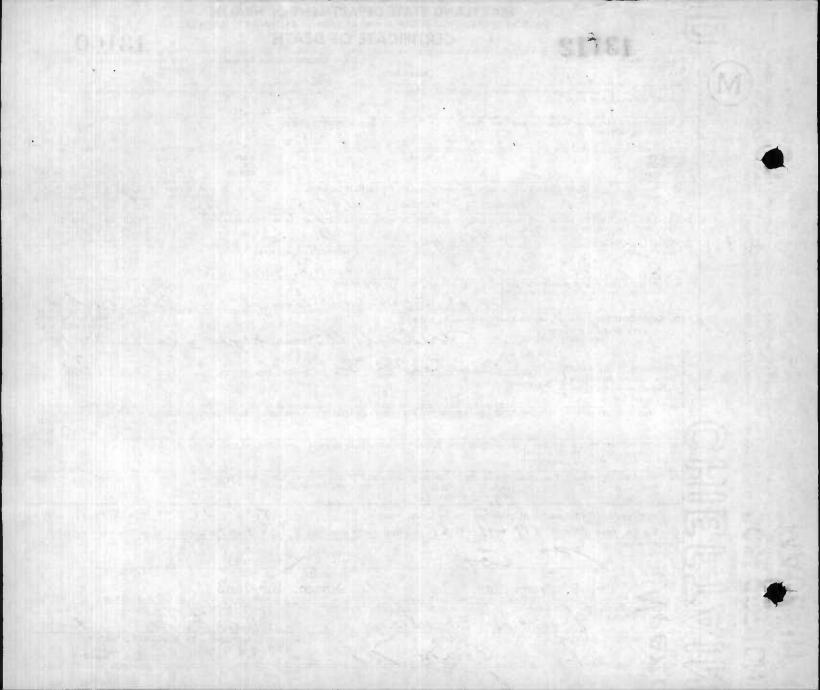
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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

2	13	119		CERTIFIC	CATE	OF DE	ATH			133	100	
	PLACE OF DEATH	bot		MARYLA		USUAL RESIDEN	NCE (Where d		If institution. COUNTY	n: Residence	before odmi	ssion)
	b. CITY OR TOWN (If of RURAL ond give neor		its, write c. L	Thes	16	c. CITY OR TO	WN (If outside	corporate lin	nits, write RU	IRAL and giv	ve nearest to	vn)
4	d. NAME OF HOSPITAL OR INSTITUTION Meyn	ORIAL	Hospin	tal		d. STREET ADD	oalle	the au	,		ON	SIDENCE A FARM?
L	NAME OF DECEASED (Type or print)	Thom	45	Middle		lost OURR /	0 1	DATE OF DEATH	Mont Joven	rber	Doy 2/	Yeor 196/
	M.	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED [	J QE	2.27,18	783	7	E (In years burnday) yrs.	Months [	YEAR IF UN Doys Hour	Min.
	during most of working	g life, even if retired	done 10b. KIND	of BUSINESS OR I		Mac	yland	reign country)	2/16	12.CITIZ	S.a.	COUNTRY?
	FATHER'S NAME	Hay Co	row			Mary &	yakel	A Fre	me,			
	16	yes, give war or dates of s	216-	65-7500	Thomas Internal	a O. C.	ever }	2.	Addre	ast	nl	10
	PART I. DEATH	I (Enter only one co WAS CAUSED BY: MMEDIATE CAUSE (c		(o), (b), and (c).]	hal	14an	~~	cre			INTERVAL I	D DEATH
	Conditions, if ony		0.	rebral	ari	Tevas	cler	mi	No.		7	
7	couse (o), stoting the lying couse lost.	DUE TO	:)									
CERTIFICATION		R SIGNIFICANT CON			stell f					EN IN PART	PERF	ORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY MI	CAUSE OF DEATH EDICAL EXAMINER)		HOW INJURY OCC	URRED. (Er	nter noture of in	ijury in Port I	or Port II of i	tem 18.)			
MEDICAL	20c, TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While	Y OCCURRED 20 Not while of work		OF INJURY (Hor street, office bl		)f. (City or tov	rn)	(Co	ounty)	(Stote)
	21. I certify that saw the deceased		l) attended t	the deceosed from 19 <u>6</u> /, and th		h accurred c	1-4/2/	fram the c			/that (1) dote state	
	220. SIGNATURE	13	6	_	M.D.	ATTENDING PHYS.	MED.	OR STA	FF rs.		2	2b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)		s Cox			East on	, Mary	land				
L	BURIAL, CREMATION, REMOVAL (Specify)	200.7	4,61	NAME OF CEMETE	RY OR CR		a	wall	allon	1	K	ote)
24.	FUNERAL DIRECTOR'S	HONATURE	. En	ADDRESS COLON	my	1	ATE HOV 2			TRAR'S SIGN		



13113

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CE	RTIF	ICA	TE	OF	DE	ATH

13101

o. COUNTY TALBOT	MARYLAND	o. STATE Mary 1	and b. C	OUNTY Talbo	ot
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate limits,	write RURAL and give	e nearest tawn)
d. NAME OF HOSPITAL (IF not in hospital, give struck or INSTITUTION ASTON MEN	A 11	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO 5
3. NAME OF DECEASED (Type or print) Gentrude	Vallent	Covington	4. DATE OF DEATH	Nov	8, Year 19 6/
	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I	The state of the s	YEAR IF UNDER 24 HRS. Dys Hours Min.
7 4 1104 7 1111 7 1	OWED DIVORCED	June 25,	1893   68	yrs.	
10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)		STRY 11. BIRTHPLACE (Stot	te or toreign country)	12. CITIZE	N OF WHAT COUNTRY?
Housework  13. FATHER'S NAME	Housewife	Talbot (	County, Mo	. U	SA
James Valliant  15. WAS DECEASED EVER IN U. S. ARMED FORCES?	14 COCIAL SECURITY NO. 17 II	Zenia (	Inance	Address	
(Yes, no, or unknown) (If yes, give war or dates of service)		.Tilghman (	Covington		n Md
18. CAUSE OF DEATH   Enter only one couse pe		• III giilliali (	JOVING COIL,		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse last.  (c)	Puptline of Chole Asi	goll &	ledde!		
PART II. OTHERSIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TER	MINAL DISEASE CONDIT	ON GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Part I ar Part II af item	18.)	
Hour o. m.		ACE OF INJURY (Hame, for actory, street, office bldg., e		(Cau	unty) (State)
21. I certify that (1) (this his protol) and saw the deceased Glive (6)	ended the deceased from.	deoth occurred at	M, from the cou		
220. SIGNATURE COLUMNIA			MED. STAFF	× 8160	1 196 BIGNED
22c. PHYSICIAN'S FCH. Sc	hmidt	22d. ADDRESS	ton 1	120/12	rd.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 11/10/61	23c. NAME OF CEMETERY C		23d. LÓCATION (City	town, or county)	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			b. REGISTRAR'S SIGN	IATURE
W. trauston Jours	St. Michae	1s. Md. DATE .	NOV 1 5 '61	Culling S. 1	Time

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VR A15 (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION OF STATIST	ICAL RESEARCH	AND	RECOR	DS —	BALTIMO
	CERTIFIC	ATE	OF	DE/	HTA

13114

)	1. PLACE OF DEATH  o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased liv	ed. If institution: Residence before admission) b. COUNTY
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
	Easton	7 days	ZIEASTON	
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
J	Memorial Hosp.			YES NO L
	3. NAME OF First	Middle	Last 4. DATE	Month Day Yeor
	(Type or print) MARY	DELIA ,	VANIO SON DEATH	NOV 9 1961
	S. SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH 9.	AGE (In years ast birthday)  Months Doys Hours Min.
	temale Negro WIDOW		2-24-91	04 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign count	12. CHIZEN OF WHAT POUNTRY?
	Domestic Labor	Domestic	MARYIAND	W.d.H.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	22 / 6
	JAMES NEWCOY	110	Hester Az	MOTOCK
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	IFORMANT O'14	Address
		10	sphere ettma	n/Eoslon, Md.
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY:	ne for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Mes and	. Datuelo	10 day
	5 /0.5 DUE TO	0.	1	
	Conditions, if any, which (b)	Can -	of delon-	1
	couse (o), stoting the under-			
	lying couse last. (c)	CONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TEDANINAL DISEASE OF	ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS (	ON REDUING TO BEATT BOT	THO RECEIVED TO THE TERMINAL DISEASE CO	PERFORMED? YES NO M
	200. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II	
)				
	20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. White of wor	fa.	ACE OF INJURY (Home, form, 20f. (City or ctory, street, office bldg., etc.)	town) (County) (State)
	p. m. 19 of wor	k ot work		
	21. I certify that (I) (this haspital) attend	ded the deceased fram	1/12 196/ to	1/9 , 196/, that (1) (we) last
	saw the deceased alive an 1119			causes and an the date stated above.
1	220. SIGNATURE		ATTENDING MED S	22b. DATE SIGNED
	1)00	7	M.D. PHYS. DIRECTOR I	STAFF PHYS.
	22c. PHYSICIAN'S P FUANC	CAX	22d. ADDRESS FAS +	in Md
	ON DUTY SET MATION ON DATE THEREOF		R CREWATORY COLUMN	
	230. BURIAL, CREMATION, 23b. DATE THEREOF	230 MAME OF CEMETERY O	cem, EA	(City, town, or county) (State)
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAF	25b. REGISTRAR'S SIGNATURE
	Home of well	16 oston	hate NOV 2 0 '61	Orthur & thous

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

15116	CEKTIFIC	AIE OF DEATH	Reg.	Dist. No.
1. PLACE OR DEATH O. COUNTY CELLOT	MARYLAND	2. USUAL RESIDENCE (Where	deceased lived. If institution, Resi b. COUNTY	dence before admission)
b. CITY O'N TOWN (If outside corporate limits, write RURYL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporate limits, write RURAL o	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Clinaleth	mary c	Pettors .	DATE Month OF DEATH	Doy Yeor 1961
5. SEX 6. COLOR OR RACE 7. MARRI	DIVORCED DIVORCED	8. Date of BIRTH	9. AGE (In years left UNI lost buthdon) Month	DER 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. dring most of working life; every if retired)	KIND OF BUSINESS OF IND	USTRY 11 PIRTHPLACE ISON OF SE	elphia Pa. 12.	CITIZEN OF WHAT COUNTRY?
Charles F. Becco	aft	Elinalet	m. Delv	en
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, not or mingum) (If yes, give war or dates of service)	social security NO. 17	Descriptione a.	Bellafore Me	es Carthe Sel.
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: !MMEDIATE CAUSE (o)	ne for (0), (b), and (c).]	les Y haile	eck .	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which ) (b) CA	nels is	Celon		Hispan
gove rise to immediate couse (o), stoting the <u>under-lying</u> couse lost.				12/
PART II. OTHER S' THIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN I	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURE	RED. (Enter noture of injury in Port	I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy. Year 20d. IN While of work	_ Not while	PLACE OF INJURY Home, farm. 2 foctory, street, office bldg., etc.)	POF. (City or town)	(County) (State)
21. I certify that I attended the decease	/. /		5 1/	I last saw the deceased
ACTUAL JULY M (9)	ilse G		Cores (Street, city or town, state)	DATE SIGNED
PHYSICIAN'S BUY M	REESER	25-1		
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	or CREMATORY 220	1. LOCATION (City, town, or count	Tackt Ma
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Lightma	DATE NOV	104	S. Trans

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		Service Service

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13104

PLACE OF DEATH						
o. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. C	OUNTY		sion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		write RURAL ond give		רו
St. Michaels	5 years	Pitts	burgh	7	> 1/	3
d. NAME OF HOSPITAL (If not in hospital, give street of NSTITUTION	oddress)	d. STREET ADDRESS			e. IS RES	FARM?
Rio Vista Nursing Home		Bigelow Bl	vd. & 5th.	Avenue	YES	NO E
NAME OF DECEASED (Type or print)  FLTZARE	Middle TH HAMILTON HE	RRON	4. DATE OF DEATH NO	Month v. 6.	/	Yeor 19 <b>61</b>
		B. DATE OF BIRTH	9. AGE (III	years IF UNDER 1	YEAR IF UND	ER 24 H
female white WIDOWE	DE DIVORCED	May 13, 1865	lost birt	yrs. Months D	lays Hours	Min
a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  housewife	KIND OF BUSINESS OR INDU	Penna.	or foreign country)	U.	S .	OUNT
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		9.6	
William R. Hamilton		Catherin	e A. Hunts	man		
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Address		
(If yes, give war or dates of service)	Mr	s. Stuart W.	Goldsborou	gh East	ton, Ma	rvl
Conditions, if ony, which		LAD COM AND	A RAA A F B	MKANN		
gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> (c)	voscule	be conde	oondce	rebral		
gove rise to immediate couse (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS C	vere sev	we serie	le cha	nges	PERFC	RMED?
gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS COURTS CO	CONTRIBUTING TO DEATH BUT	we serie	le cha	nges	PERFC	AUTOPORMED?
gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS COURTED TO CONTRIBUTING CONCONTRIBUTING CONTRIBUTING CONTRIBU	CRIBE HOW INJURY OCCURRE	we serie	Cort I or Port II of item	18/	PERFC	RMED?
gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> PART II. OTHER SIGNIFICANT CONDITIONS COURT WAS (UNDERLYING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of world 19 world 19 While of World 19 Wh	CRIBE HOW INJURY OCCURRED  AJURY OCCURRED  Not while of work of the deceased fram	D. (Enter noture of injury in F ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	Cort I or Port II of item  20f. (City or town)	(Co	PERFO YES Dunty)	(Sic
gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> PART II. OTHER SIGNIFICANT CONDITIONS COURT WAS (underlying and or contributing acuse of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of world saw the deceased alive and contributions as the deceased alive and contributions as the deceased alive and contributions.	CRIBE HOW INJURY OCCURRED  Not while of work and that company to the deceased from	D. (Enter noture of injury in FACE OF INJURY (Home, form ctory, street, office bldg., etc.)  Quantity of the control of the control of the ctory, street, office bldg., etc.  Quantity of the ctory of t	cort I or Port II of item 20f. (City or town) A, fram the cau	18) (Co	PERFCYES   venty)  that (I) (date stated	(Sic
gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OJHER SIGNIFICANT CONDITIONS COULD CONTRIBUTING CONTRIBUTION CONTRIBU	CRIBE HOW INJURY OCCURRED  Not while of work of the deceased fram	D. (Enter noture of injury in Factory, street, office bldg., etc.)  D. (Enter noture of injury in Factory, street, office bldg., etc.)  ACE OF INJURY (Home, farm ctory, street, office bldg., etc.)  ACE OF INJURY (Home, farm ctory, street, office bldg., etc.)	Cort I or Port II of item  20f. (City or town)  And from the cau  STAFF RECTOR   STAFF PHYS.	(Co	PERFC YES   venty)  that (I) (date stated	(Sice) I abay
gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19 while of world saw the deceased alive an 220 destature  22c. PHYSIDIAN'S NAME (Type)  The Countribute of the co	CRIBE HOW INJURY OCCURRED  Not while of work of the deceased fram	D. (Enter noture of injury in Factory, street, office bldg., etc.)  death accurred and ATTENDING MEPHYS.  22d. ADDRESS	cort I or Port II of item  20f. (City or town)  A. to  M, fram the cau	(Co	PERFC YES   venty)  that (I) (date stated	(Sice) (Sice) (Sice) (Sice)
gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONCONTRIBUTING CONCONTRIBUTION CONCO	CRIBE HOW INJURY OCCURRED  Not while of work of the deceased fram	D. (Enter noture of injury in Factory, street, office bldg., etc.)  Quantity of the street of the st	Cort I or Port II of item  20f. (City or town)  M, fram the cau  CD. STAFF PHYS.  Michaels	(Co	PERFC YES   Jounty)  A that (I) (date stated	(Sice) (Sice) (Sice) (Sice)
gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTION CONTRIBUTING C	CRIBE HOW INJURY OCCURRED  Not while of work  and that co	D. (Enter noture of injury in Factory, street, office bldg., etc.)  ACE OF INJURY (Home, farm ctory, street, office bldg., etc.)  ATTENDING ME PHYS.  DI 22d. ADDRESS  OR CREMATORY	Cort I or Port II of item  20f. (City or town)  M, from the cau  M, from the cau  STAFF PHYS.  Michaels  23d. LOCATION (City  Pittsburg  BY REGISTRAR 25	(Co	PERFC YES   Jounty)  Athat (I) (date stated	(Sice) (Sice) (Sice) (Sice)

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be fined by the haspital or ottending physician.

DEUNER CORECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO HOSPITA TO FUNER

hours after death. Page 4

by the funeral directar, and 2 should be filed with

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LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEAR W. PRESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE OF FOR STATE 7. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY our files. Page b. COUNTY MARYLAND b. CITY OR TOWN (il outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) eral director. write RURAL end give peerest town) for your Aston Aston Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A EARM? retained he State B OU YES NO NAME OF Middle DATE Month Day DECEASED OF 3 to the the the (Type or print) Max with the state of the state DEATH 19 Johnson 6. COLOR OR RACE 7. MARRIED THEYER MARRIED SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 1896 last bighday) Months Deys Hours Min. WIDOWED DIVORCED Give Pages 1, 2, all orm PM3. Page 5 rail. File pages 1 and 2 vent within 72 hou UAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? ng most of working life, even if retired) ARdeneR 13. FATHER'S NAME tovia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT permit. gr unkown) | (Ifyesgivewerordetesofservice with CAUSE OF DEATH [Enter only one cause-per line for (e), (b), and (c). INTERVAL BETWEEN = Office along ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY and IMMEDIATE CAUSE (e) **DUE TO** removal, Conditions, if eny, which (b) gove rise to immediate couse 10 pending **DUE TO** (a), stetling the underlying Examiner' 38 6 cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 ecute the certificate, writing the word be forwarded to the Chief Medical E RAL DIRECTOR: Page 3 should be NO a 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. burial, 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ) Month, Dev. Year 20f. (City or town) (County) (State) should be forwarded to the Chi FUNERAL DIRECTOR: Page factory, street, office bldg., etc.) 0 While Not While at work el work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion its designated agent, Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) DE 22a. BURIAL, CREMATION. NAME OF CHMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22b. DATE THEREOF (Stete) nionville REMOVAL (Specify) 408 OH DYIA 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VS. AISME arthur S. Kraus DATE NOV 6 5M 9/60

Likely a CONTRACTOR S 312-19-3022 MAY ( Server Notussay . 1 77 MAY (18-2) H / G 3; b, . 1

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13118

1.	PLACE OF DEATH  a. COUNTY		2. USUAL RESIDENCE (Where deceased a. STATE		pefare admission)
	TALbot	MARYLAND	MARYLAND	b. COUNTY Quee.	N ANNes
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (W outside corpora	te limits, write RURAL ond give	nearest town)
	EASTON	7 km.	CENTREUIL	16-	11x-2.
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	MEMOR: AL HOSP:	taL.	RUTHSBURG		YES NO
3.	NAME OF First	Middle	Last 4. DATE	Month	Day Year
	OFFICE OF PRINTING ILLIAM CARTER		The bo DEATH	Ntous a	13 1961
		RIED NEVER MARRIED	8. DATE OF BIRTH 9		EAR IF UNDER 24 HRS.
	M WIDOW		Dec 5,1902	last birthdoy) Months Doy	ys Hours Min.
100	. USUAL OCCUPATION (Give kind of work done 10b.				OF WHAT COUNTRY?
	during most of warking life, even if retired)		MA MILEGALS TOWN A	MARYLAND	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	THIT YEAR	N OF
	HARRY MILTON J	11 42 19	E/mm 4101	PARTER	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT /	Address	
(Ye	s. no, or unknown) (If yes, give war or dates of service)	NONE L	ILLIAN JUMP PA	O CENTREVIL	1 = 10 A
F	1B. CAUSE OF DEATH [Enter only one cause per li		ILLIAN JUMP PA		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	20 0	+ . 0.	+0.0	DNSET AND DEATH
	IMMEDIATE CAUSE (a)	energy and	Carcales Con St	and factions	
	Que TO	Leute myor	ardial infa	+ :	> Xcass
	Canditions, if ony, which gove rise to immediate (b)	cours myse	wie wife	terest	J then A
	cause (o), stoting the under-	nteniescla	rotic coronar	u antern des	الاطماء
Z	PART II. OTHER SIGNIFICANT CONDITIONS			0	19. WAS AUTOPSY
CERTIFICATION					PERFORMED?
IFIC	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Part	II of item 18.)	T ILD IN THE
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL	20c. TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, farm, 20f. (City of	or town) (Cour	nty) (State)
MEDIC	Hour o. m. While	Not while foo	ctory, street, office bldg., etc.)		.,,
>	p. m.		11 0 0	1172 / 1	
	21. I certify that (I) (this haspital) attend		7 4		that (I) (we) last
	saw the deceased alive an 11-23 22a. SIGNATURE	1961 , and that d	leath accurred at M, fram t	he causes and an the d	ate stated abave.
	Robert W.	Thomas	ATTENDING MED.	STAFF	SIGNED
	22c. PHYSICIAN'S	1,0000	M.D. PHYS. DIRECTOR   22d. ADDRESS	PHYS.	11-23-61
	NAME (Type)			Md.	
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c., NAME OF CEMETERY O	PSEEMATORY 234 LOCATIO	ON (City, tawn, or county)	(Stote)
1	MMOVAL (Specify)	1. Washed in	1	March Do Ma	e Danel
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS !	2So. REC'D BY REGISTR	AR 2Sb. REGISTRAR'S SIGNA	ATURE
1/	1 Langed Backer of Bruston R.	a Prituite	Med DATE NOV 2 9 '61		. /
4	Throand I sum il when I or	1º Court	THE TONIE HUY 2 9 0	CAN - 14	SAME

1 92 A STATE OF THE ST 120 84 1001 48 161 Jac Silepan AND THE PROPERTY OF THE PARTY O agreed ben established and another think A COLUMN TO SELECT SELE All Modern Committee Commi とは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mmでは、10mm The second of th OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

TO HOSPIT

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urs after death. Page 4

13119

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

1. PLACE OF DEATH a. COUNTY	albot		MÄRYLA		usual RESIDENCE (Wa. STATE	-	d lived. If institution b. COUNTY	Carol	befare admis	ssion)
b. CITY OR TOWN (	If outside corporate lim	its, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (IF		prote limits, write R	URAL and gi	ve nearest taw	vn)
RURAL ond give n	earest town)		3 months		rural	Pres	ton			
	TAL (If nat in haspital,	give street			d. STREET ADDRESS	1103	A		e. IS RE	SIDENCE
OR INSTITUTION 611	Hollyday S	St						54		A FARM?
3. NAME OF DECEASED (Type or print)		rst EL PE	Middle RCY LEINSZ		Last	4. DATE OF DEATH	Nov.		Day	Yeor 19 <b>61</b>
5. SEX	6. COLOR OR RACE	1	RIED NEVER MARRIED	□ B. D	ATE OF BIRTH		9. AGE (In years		YEAR IF UND	DER 24 HRS
male	white	WIDOW			June 6, 190	2	1 Jast birthday) 59 yrs.	Months	Days Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	e or foreign c	ountry)	12. CITIZ	EN OF WHAT	COUNTRY
	roiler rais		own farm		Maryland			U.	S.	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME	EULECTA -		1-1-1-1	
Dan	iel P. Leir	197			T.o	ttie A	vers			
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFO		70020 21	Add	ress		-
	(If yes, give war or dates of	service)	15-36-2473	Mrs	Mary A. L	einsz		n, Mar	yland	
18. CAUSE OF DEA	ATH [Enter only one co	ause per li	ine far (a), (b), and (c).]						INTERVAL B	ETWEEN
PART I. DEA	TH WAS CAUSED BY:		ACUTE M	YAC	AR DIAL	1171	FARCTIO	W	ONSET ANI	DEATH
410	IMMEDIATE CAUSE (d	0)	//( / / / / / / / / / / / / / / / / / /	700,	12 01.12	,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	4	,	CORONI	4RY	Occ.	LUSI.	ON		2 /	KS.
Conditions, if a		b)	C0/1-111		000	-	-/-			
couse (o), stating		0				. 11 55 1				
lying couse last.		c)								
PART II. OTI	HER SIGNIFICANT CON	NDITIONS !	CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERA	AINAL DISEAS	E CONDITION GIV	'EN IN PART	1(a) 19. WAS PERF	ORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	URRED. (E	inter nature of injury in	Part I or Por	rt II of item 18.)			
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Doy, Ye	While			OF INJURY (Home, for , street, affice bldg., et		y or town)	(Co	ounty)	(Stote)
21 I certify the	at (I) (this boundto	l) attend	ded the deceased fr	am //	1-18- 10	061.10	11-18	106	_, that (I)	(web-bas)
saw the decea		11-18			h accurred a 2.3		the causes an		date state	d abave
22a. SIGNATURE	mald h.	13	utles	M.D	ATTENDING A	MED.	STAFF PHYS.		11-18	2b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	DONALD	F.	BARTLE	Y	22d. ADDRESS	EA:	STON	-	n	D.
23a. BURIAL, CREMATIC	ON, 23b. DATE THERE	OF	23c. NAME OF CEMETE	RY OR CI	REMATORY	23d. LOCA	TION (City, town,	or county)	(Sto	ate)
REMOVAL (Specify Buriel	Nov. 20,1	1961	Spring Hil	1 Ce	metery	Eas	ston, Mar	yland		
24. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		25a. REC	D BY REGIS	TRAR 25b. REGI	STRAR'S SIG		
Maurice E.	Newnam &	Son	Easton, Mo	1.	DATE	OV 2 2 '6	of Ch	Ilma S. 7	traus	

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CORCE	117/30 to 174			
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		mat me		
			mound (.T. istony of	
The state of the	les l'estat : verilles	17/2		
		Tell Silver		
	Water Telling	CET VIVE B		
	L. sedra Sassonet	IL Ranes = 1	erica included	
		All Transport	nok vi susuku sojini	

haurs after death. Page 4 by the funeral director, D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be and by the haspital or attending physician.

D FUNENCE DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health priar to burial, crematian, or removal, and in any event, with jr72 haxs after death.

TO HOSPITAL TO FUNERA

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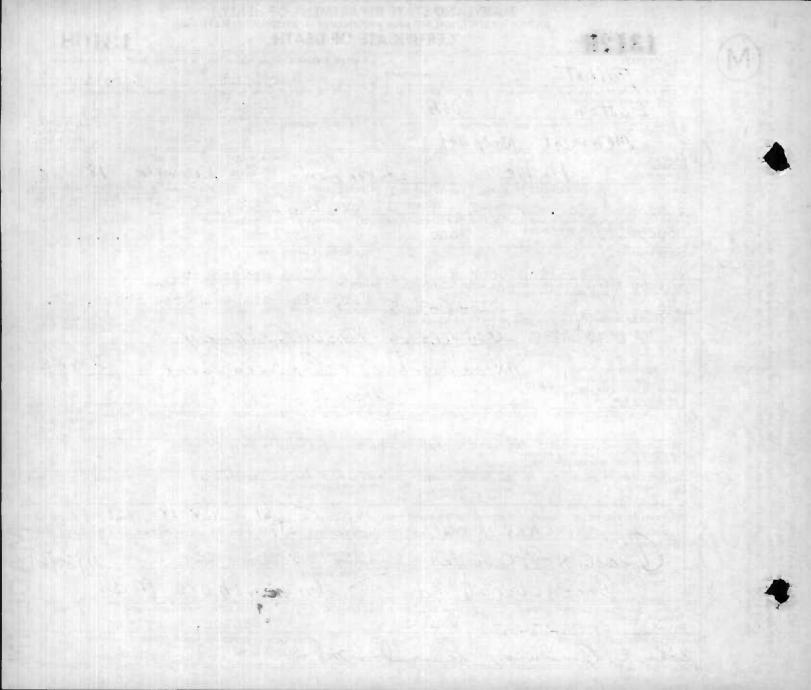
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMODE 1 MARE

BALTIMORE 1, MARYLAND

HOME KESEMKON	MIAD	LECOK	D3 —	- DALLIM	٩
CERTIFIC	ATE	OF	DE	ATH	

	PLACE OF DEATH	11 -1-		LE LINE	2. USUAL RE	SIDENCE (Where decease			befare admis	sian)
	. COUNTY Ta	1601		MARYLAND	a. STATE	Marylan	b. COUNTY		oline	V
	RURAL and give ne	f autside carporate limi arest tawn)	ts, write	c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (If autside carr Ridge		RURAL and giv	ve nearest taw	n)
1		AL (If not in hospital, g	ive street a	address)	d. STREET	ADDRESS SX-	None			SIDENCE FARMS
	NAME OF DECEASED (Type ar print)	Hatt	st 1e	Middle	Kerma	4. DATE OF DEAT	1 /	4	10	Year 19 6 /
S. S	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	1		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UND	1
	Female	Col.	WIDOWE	DIVORCED [	Nov.	14, 1888	73 yrs.		Days Haurs	Min.
100	USUAL OCCUPATION	DN (Give kind af wark ing life, even if retired	dane 10b. K	None		PLACE (State or foreign Maryland	cauntry)		S.A.	COUNTRY?
13.	FATHER'S NAME				14. MOTHER	R'S MAIDEN NAME				
		Willia	n Cer	ohus		Elma Prit	chett			
		R IN U. S. ARMED FOR	CES? 16. 3		INFORMANT			dress		
	No		2	18-09-5825	Marjo	rie Matth	ews Gre	ensbo	ro, Mo	d.
	18. CAUSE OF DEA	TH [Enter only one co	use per line	e far (a), (b), and (c).]	*,				INTERVAL BE	ETWEEN
-	PART I. DEA	TH WAS CAUSED BY:	(0	ORONARY	1480	SFFICIE	NCV		OTTOET ATTE	DEATH
4	Canditians, if a		ART	ERIOSELER	stie (	CAR DIOVA	SCULAR	3	2WI	ts.
	gave rise to it cause (a), stating lying cause last.		)		DISEA	SE				
CATION	PART II. OTH	ier significant con	DITIONS <u>C</u>	ONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMINAL DISEA	ase condition gi	VEN IN PART	PERFC	AUTOPSY ORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter nature	e af injury in Part I ar Po	art II af item 1B.)			
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	20d. IN White at wark	Nat while	PLACE OF INJURY factory, street, aff		ity ar tawn)	(Co	unty)	(State)
				ed the deceased fram			Nov. 18			
	saw the deceas	ed alive an/_	OXIL	$8_{-}19$ 6., and that	death accurr	red and I'M, fran	n the causes a	nd an the		abave.
	Alle	ul. HS	tous	exfer	M.D. ATTEND		STAFF PHYS.		11/20	2/6/P
	22c. PHYSICIAN'S NAME (Type)	breens.	boro	of Md.	22d. ADI	Greens	boro	Md		/
230	BURIAL, CREMATIO	N, 23b. DATE THEREC	)F	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, tawn,		(Sta	ite)
	REMOVAL (Specify) Burial	11-21.	-61	Denton		Den		rylan		
24.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	)	2Sa. REC'D BY REGI		ISTRAR'S SIGI		
1	John E.	Boula	is,	Duenal	ow my	DATE 2 2 '61	Chit	wy S. The	ui4	



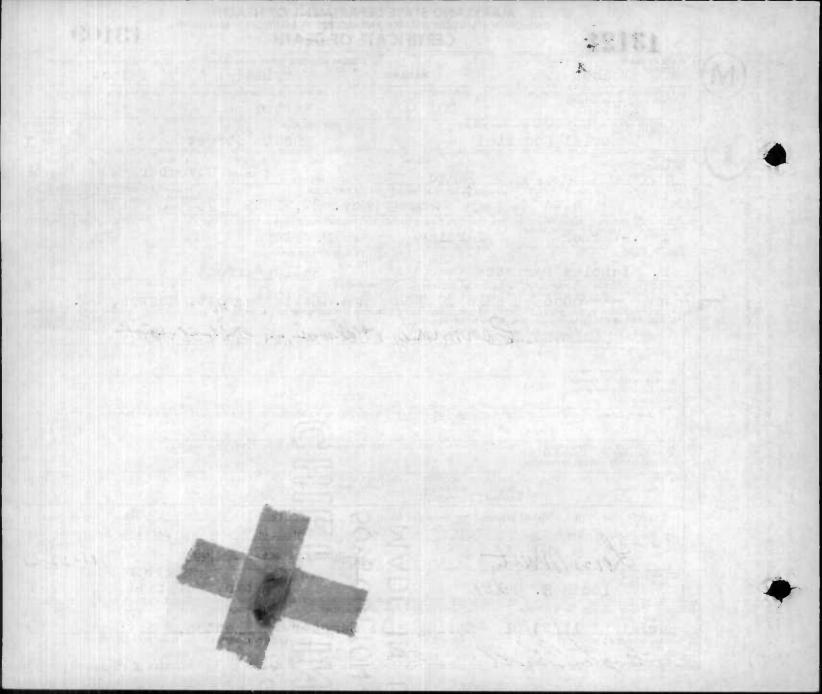
TO HOSPITA TO FUNERA

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13121

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE Maryland b. COUNTY	n: Residence before admission) Talbot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of Natifution Memorial Hospita		d. STREET ADDRESS South Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)	Middle Tsaac	PARROTT 4. DATE Month OF DEATH NOVEMB	
5. SEX MARR WIDOWE		8. DATE OF BIRTH NOV. 20, 1885 9. AGE (In yeors last birthdoy) 70 yrs.	Months Days Hours Min,
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  TetIarmer	kind of Business or Industry farming	STRY 11. BIRTHPLACE (Stote or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
W. Nicholas Parrott		Sally Parrott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give war or dates of service) 10 1000 2	SOCIAL SECURITY NO. 17. IN	Mrs. Lelia Parrott, Eas	
20g. ACCIDENT WAS UNDERLYING   20b. DES		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE  D. (Enter nature of injury in Part I or Part II of item 18.)	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. While		ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	(County) (State
	19 , and that c	death accurred atM; fram the causes andM. ATTENDING MED_ STAFF STAFF PHYS	
22c. PHYSICIAN'S NAME (Type) Louis 5. Welt	y	22d. ADDRESS ton, Maryl	and
23g. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 11/23/61	spring Hil	l Cemetery Faston, M	aryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	A PATE	TRAR'S SIGNATURE



1	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
	13122 Item 7 CERTIFICA	TE OF DEATH  02 12/18/61 jule  Reg. Dist. No. 13110
1.	PLACE OF DEATH G. COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o.AVAE (ROYLD NO)  b. COUNTY  ALS  T
0	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITÀL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sqrt{NO} \)
3.	NAME OF DECEASED (Type or print) CARROLL WILSON (F	PAKNEY 4. DATE Month Day Year OF DEATH NOV. 28 1961
	WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
L	day Laborer lumber	STRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY  WATER  12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME HARLIE PENKNEY	14. MOTHER'S MAIDEN NAME HENRY
		Reggie Perikuez, Queen aung he
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	antery occlusion interval between onset and death
	Conditions, if any, which ) (b) Cotton any	anten disease 3 years
	gave rise to immediate couse (o), stating the under-lying couse lost.	
CATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq NO \subseteq \)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
MEDICA		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from 100 20 alive on 100 24, and that death	occurred at
	ACTUAL KUN Lecture	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  DATE SIGNED  U.D. U.S. C.C.  U.S. C.C.  U.S. C.C.  U.S. C.C.  DATE SIGNED
	PHYSICIAN'S KURT LEDER	PER
4	Jana 1001, 20, 1701 3/810 ) 1	R CREMATORY  22d. LOCATION (City, town, or county)  (State)
23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS	DATE 5 '61 CIVILING B. TIMES
	SE MEDICAL CERTIFICATION	1. PLACE OF DEATH a. COUNTY   ALBOT   MARYLAND   CITY OR TOWN (If outside corporate limits, write   C. LENGTH OF STAY IN 1b   RURAL and give nepoest lown.   C. NAME OF   C. LENGTH OF STAY IN 1b   RURAL and give nepoest lown.   C. LENGTH OF STAY IN 1b   C. NAME OF   C. LENGTH OF STAY IN 1b   C. NAME OF   C. LENGTH OF STAY IN 1b   C. NAME OF   C. LENGTH OF STAY IN 1b   C. NAME OF   C. LENGTH OF STAY IN 1b   C. LENGTH OF STAY IN 1b

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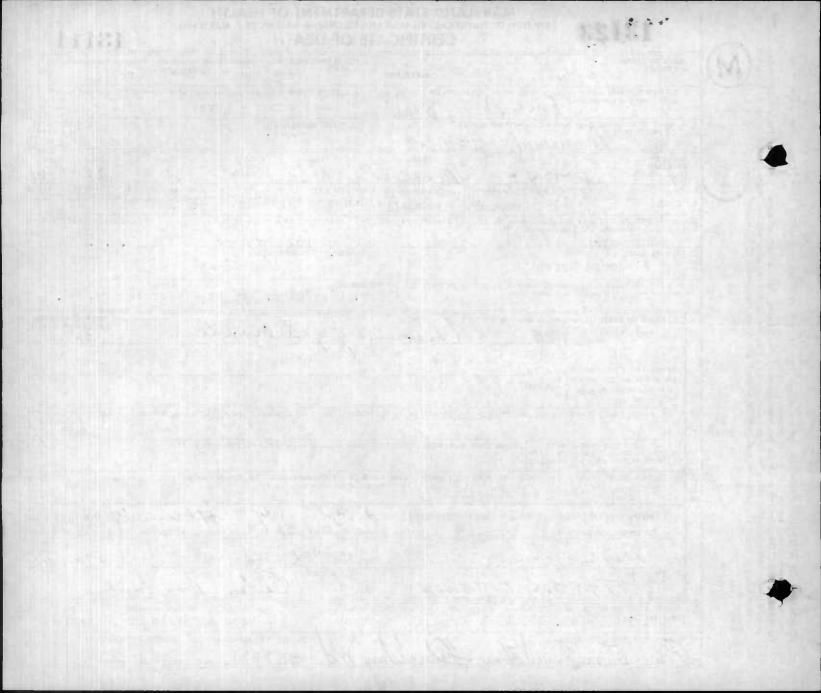
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13123

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4	#	3	4	4	4
ī.	q	5	1	1	1

1. PLACE OF DEATH o. COUNTY  A / hot	MARYLAND	2. USUAL RESIDENCE (Whe	L COUNTY	caroline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits, write R	RURAL and give nearest town)
EASTON	18 da.	Dento	on - Rural	15x.2.
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION NEMBER 18	Hosp fal	d. STREET ADDRESS 11	iston	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  A15 V	Me Redith	Loe	4. DATE Mor OF DEATH //	Day Year 2 4 19 6/
5. SEX   6. COLOR OR RACE   7. MARRI   Female   White   WIDOWE		B. DATE OF BIRTH January 19, 1	9. AGE (In years lost birthdoy) 75 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind af work done 10b. I during most af warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	r foreign cauntry)	12. CITIZEN OF WHAT COUNTRY
Housework	Home	Oxford, Ma	aryland	U.S.A.
13. FATHER'S NAME Alphonso Meredith		14. MOTHER'S MAIDEN NA	AME nnie Horsey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		rs. Claudel E.		dress eralsburg, Md.
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (0), (6), and (c).]	ua of goel o	bladde	INTERVAL BETWEEN ONSET AND DEATH 3 www.
DUE TO		0	FILE MAN	
Canditians, if any, which ) (b)				
gove rise to immediate couse (a), stating the <u>under-lying</u> couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition giv	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO.
20a. ACCIDENT WAS UNDERLYING   20b. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor 20d. IN Haur o. m. While at wark	Nat while for	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State
21. I certify that (I) (this haspital) ottende		23 Rept 196	ul to exha	, 19 4/, that (I) (we) las
saw the deceased alive on		01	/	nd on the date stoted obove
Mension Having		M.D. PHYS. MEI	D. STAFF PHYS.	27 km SIGNET
22c. PHYSICIAN'S NAME (Type) HURSTON HA	RRISON	22d. ADDRESS	When Many	; land
23a. BURIAL, CREMATION, REMOVAL (Specify) Nov. 27, 196	23c. NAME OF CEMETERY O		23d. LOCATION (City, town, Near Federal	or county) (Stote) Isburg, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	DAMEN 2		ISTRAR'S SIGNATURE
Jumprom princia Home	, Juliane	1114.10401	o o Cull	my S. Krous



# 13124 by the funeral directar, and 2 should be filed with **DIRECTOR:** After this certificate has been signed by the ottending physician and campletely filled but be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 affer death.

hours after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ed by the haspital or attending physician.

TO HOSPITA may be-

VR A1S (4) 1SM 9/59

page 3 should be detached for use as the burial-transit permit. Then please remave carbon paper the Stote Board of Health priar to burial, crematian, or remaval, and in any event, within 72 hours,

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	OF DEATH			here deceased lived. If instit		admission)	
a. COU	-Talbot	MARYLAND	o. STATE Mary	land b. COUN		ne	
b. CITY	OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside carporote limits, write	e RURAL and give neares	st lown)	
RUK	AL and give nearest town)  - (1570 h	3 hours	Goldsb	ono	OFX	and and	
d. NAA	ME OF HOSPITAL (If not in hospital, give street	1	d. STREET ADDRESS	010	le.	IS RESIDENCE	
	INSTITUTION , //	72/		None		ON A FARMO	
	Memorial Hosp	11001	l				
3. NAME DECEA	CED	Middle	Last	OF 44	Aonth Day	Yeor	
	or print) Cliffied	- M	Schaube	DEATH Nove	mber //	1961	
S. SEX		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year to tribirthdo)	IF UNDER 1 YEAR IF	1	
Mal	e White willow	ED DIVORCED	2-10-1909		rs. Manths Days	Hours Min.	
10a. USUA	AL OCCUPATION (Give kind of work done 10b.				12. CITIZEN OF W		
ao II	g most of werking life, even if retired)	Truck Driver	Marylan	ıd	U.S.A	A. •	
13. FATHE	R'S NAME		14. MOTHER'S MAIDEN	NAME			
	Charles Schaube		Alberta	Milby			
	DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IP	FORMANT		Address		
{Yes, no, or i	unknown) (If yes, give wor or dates of service)	17 OF 1000 T	athryn Sch	aube Salish	oury. Mary	brefr	
No	TABLE OF PEARL IS		aunryn ben	taube parts		VAL BETWEEN	
18. 6	PART I. DEATH WAS CAUSED 8Y:			0 10	ONSET	AND DEATH	
	PART I. DEATH WAS CAUSED BY:  HM EDIATE CAUSE (a)  Dissecting answers of the <24 hrs  thoracic acrts						
1	+5 DUE TO	0	thorac	ic aerta			
Con	Conditions, if any, which ) (b)						
	e rise to immediate		1000			25-1	
	e (a), stating the <u>under-</u>						
z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19.	WAS AUTOPSY	
I S						PERFORMED?	
5 20-	ACCIDENT WAS INDERIVING TO 201 DES	CRIBE HOW INJURY OCCURRE	D /E-t action of injury in	Part I or Port II of item 18 \		13 140 [	
CERTIFICATION OB CO (IF EII	ACCIDENT WAS UNDERLYING  ONTRIBUTING CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER)	CKIBE HOW INJURY OCCURRE	D. (Enter holdre of injury in	Troff for fort is of field for,			
				Tase can			
	IME OF INJURY Manth, Day, Year 20d. 1 Hour a.m. While		ACE OF INJURY (Home, for ctary, street, office bldg., e		(County)	(State	
WE	p. m. 19 at wor	k ot work					
21	certify that (I) (this haspital) attend	ded the deceased from	11-11	9 (el . to 11-11	19.6) that	(I) (we) los	
	the deceased alive an 11-11		Mr.	41.		111	
	SIGNATURE	17_CEL , and that c	legin accurred dig_7	4 M, Iralli the causes			
	Robert W. Treve	ייני	M.D. ATTENDING	MED. STAFF	11/13/	6126 DATE	
22c. P	PHYSICIAN'S		22d. ADDRESS			bl - 1/2	
1	NAME (Type) Robert W. Trev	er M	.D. Easton,	Maryland	11/	73 /61	
23o, BUPI	AL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, tow	n, or county)	(Stote)	
	PYAL (Sperify) 11-14-61	Greensbor			ro, Maryl		
04 5111450	ALL DIRECTOR'S SIGNIATURE						
24. FUNER	RAL DIRECTOR'S SIGNATURE	ADDRESS	/	101/ 1 7 101	EGISTRAR'S SIGNATURE		
ash	n & Boulais	Dreenstor	= my DATE N	OV 17'61	arthur & Henry		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 13125

b. COUNTY TALBOT  b. CITY OR TOWN (If outside carporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside carporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)					
RURAL and give nearest town)  FASION  A. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION  MemoRial Hospital  NAME OF DECEASED  Pirst  Middle  Last  A. DATE  Manth  Day  Year					
d. NAME OF HOSPITAL (If not in haspitol, give street oddress)  OR INSTITUTION  NAME OF DECEASED  Pirst  Middle  Manth  Day  Year					
OR INSTITUTION  MemoRial Hospital  NAME OF DECEASED  Right Middle  Last  A. DATE Manth  Day Year  OF					
NAME OF DECEASED P First Middle Last 4. DATE Manth Day Year					
DECEASED OF					
19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Days Hours Min					
MALE WHITE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED Manths Days Haurs Min.					
O. USUAL OCCUPATION (Give kind af wark dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF WHAT COUNTRY?					
MARYLAND W.S.A.					
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
DR. JAMES SETA JULIA WREM					
(es, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT					
- Mis. Cla sell st michael me					
18. CAUSE OF DEATH [Enter only ane cause per line far (o), (b) and (c).  INTERVAL BETWEEN ONSEY AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COULD WITH CHEMINE STATE CAUSE (o)					
260× DUE TO 1, # 1/4 / 1/4 / 10:					
Conditions, if any, which ) (b) / STEELS STEELS STEEL STEELS STEEL (OC).					
gove rise to immediate cause (a), stating the under:					
lying cause lost. (c) AMMAM PAMMAM					
Port II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?					
MINAMENTING THE YES NO YES NO YES NO YES					
PORT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  (If EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Hour o. m.  While Nat while of wark					
Hour o. m. While Nat while foctory, street, office bldg., etc.)					
May 1 10 arthur 11					
21. I certify that (1) (this hospital) effended the deceased fram (1964), ta fleff 1964, that (1) (we) last saw the deceased alive on 20 1964, and that death occurred to 40AM, from the causes and an the date stated above.					
A.D. PHYS. DIRECTOR DIRECTOR PHYS. D					
22d. ADDRESS					
WAME (Type) R. Lane Wroth M. D. St. Michaels, Maryland					
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERX OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)					
Burnoy 11-24-61 Chief Cenetary. It michaels. and					
24/PUNERAL DIRECTOR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE					
I Franketon Having of michael DATE NOV 2 9 '61 wing 8. Thous					
MA.					

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13126

#### **CERTIFICATE OF DEATH**

Reg. Did 30114

	1103
1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY TALL.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  57. MICHAELS  LIZE	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION	J d. STREET ADDRESS  O. IS RESIDENCE ON A FARM? YES   NO
3. NAME OF DECEASED (Type or print) D. HERMAN SI	hockley  4. DATE Month Day Yeor DEATH NOV 28 1961
S. SEX  MALE  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  DIVORCED	B. DATE OF BIRTH  JULY 28 1903  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  MERCANI	JSTRY 11. BIRTHPLACE (State or foreign country)  ST. MICHAELS  12. CITIZEN OF WHAT COUNTRY?  U.S. A.
13. FATHER'S NAME ELISLA T. Shockley	HARRIETT VAN-SANT
1S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 214-32-6789	Mis Maonie Alocklay, It michel. md
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	natosis Tinterval Between onset and Death
Canditions, if any, which)  DUE TO  Canditions, if any, which)	and Vancrias 140
gave rise to immediate couse (a), stating the <u>under-lying cause last.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES 1 NO 1
	ED. (Enter nature of injury in Port I or Part II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl While Not while at work at work	LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.) (City ar tawn) (Caunty) (State)
21. I certify that / oftended the deceased from 21.50 mg alive an 25 00000000000000000000000000000000000	h occurred at 2.72 M, fram the causes and an the date stated abave.
ACTUAL R. MAN Whole	M.D. BAN 487, St. MICHTELS MA 11-29-6
PHYSICIAN'S NAME (Type)	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL OF CEMETERY CO	OR CREMATORY) 22d. LOCATION (City, town, or county) (stote)
23. FENERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS HILL	Race DEC 5 '61 24b. REGISTRAR'S SIGNATURE  DATE DEC 5 '61 Calling S. Krous
	ma

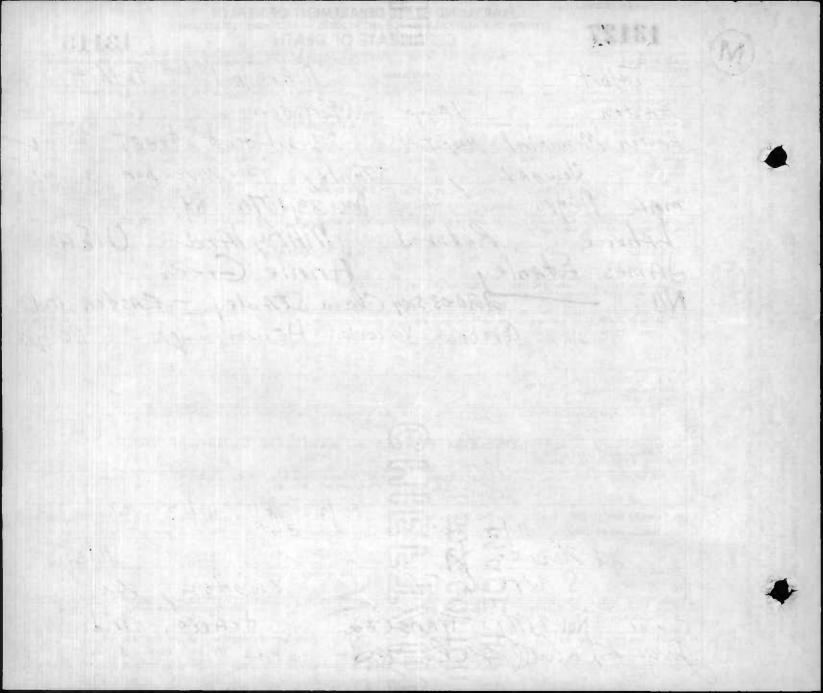
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13127

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH THE PROPERTY OF THE PROPERTY OF

	OF DEATH	tems o & y rii		(Where deceased lived.		ce before admission)
o. CO	Albet	MARYLAND	a. STATE	try Im	. COUNTY	1608
	Y OR TOWN (If outside carporate limits, write RAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and g	give nearest town)
	EASTEN	4 days	THAS	ton		
Q.R	IME OF HOSPITAL (If not in hospital, give stree INSTITUTION  ASTOM  Memorial	Hospital	d. STREET ADDRES	Locust	Strpp	e. IS RESIDENCE ON A FARM? YES NO
3. NAME DECEA (Type	SOF SEED OF Printly Heward	Middle 5	TANIQU	4. DATE OF DEATH	Month	Day Year 3 196/
5. SEX	6. COLOR OR RACE 7. MAI	THE THE THE THE THE THE	B. DATE OF BIRTH	18/7/6/ 9. AG	17. 11.	1 YEAR IF UNDER 24 HRS. Days Hours Min,
10a. USU duri	L OCCUPATION (Give kind of work done 10bg most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	ate of foreign (ountry)	12. CITI	ZEN OF WHAT COUNTRY?
13. FATH	ER'S NAME	1211160	14. MOTHER'S MAIDE	EN NAME		J. Gelte
15 WAS	DECEASED EVER IN U. S. ARMED FORCES? 16	SCIAL SECURITY NO. 17 II	NFORMANT	ie or	Address	
(Ÿ)	(If yes, give war or dates of service)	220-03-5367 (	Para S	tanley	- EAS	ten, md
1B.	CAUSE OF DEATH [Enter anly one couse per	ine for (a), (b), and (c).]	1 11	- /		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	rbral vas	cular H	emort	raft	& okey/
	331X DUE TO				1	
	nditions, if any, which ) (b)					
	ve rise to immediate DUE TO					
-	ng couse lost. (c)					
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CON	DITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
						YES NO
oR OR €	ACCIDENT WAS UNDERLYING 20b. DE CONTRIBUTING CAUSE OF DEATH (THER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Part I or Port II af i	tem 1B.)	
WEDICAL 20c.	Hour a.m. While	f.	ACE OF INJURY (Home, ctory, street, office bldg.,		vn) ((	County) (State)
			10/25	106/1 11	13 106	1 that (1) () 1-11
	the deceased alive an	7 61	1	from the c	rauses and an the	4, that (I) (we) last added above.
	SIGNATURE /	f and mark		232.71, 11 dill 1110 C	auses and an me	A 22 DATE
	Muca	- 1	M.D. ATTENDING	MED. STA	rs.	11/5/GI SIGNED
	PHYSICIAN'S NAME (Type)	ch'sr	22d. ADDRESS	Easto	u, u	cu)
	IAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (	City, toyn, or county)	(Stote)
1 17	OVAL (Specify) NOV. 7. 1961	Trappe C	em.	trar	PQ, 1	nd.
	RAL DIRECTOR'S SIGNATURE	ADDRES8)	2So.	REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIG	* 11
am	Met KS kashell	Eastin M	DATE	MOV 8 '61	andlung &	. Thate



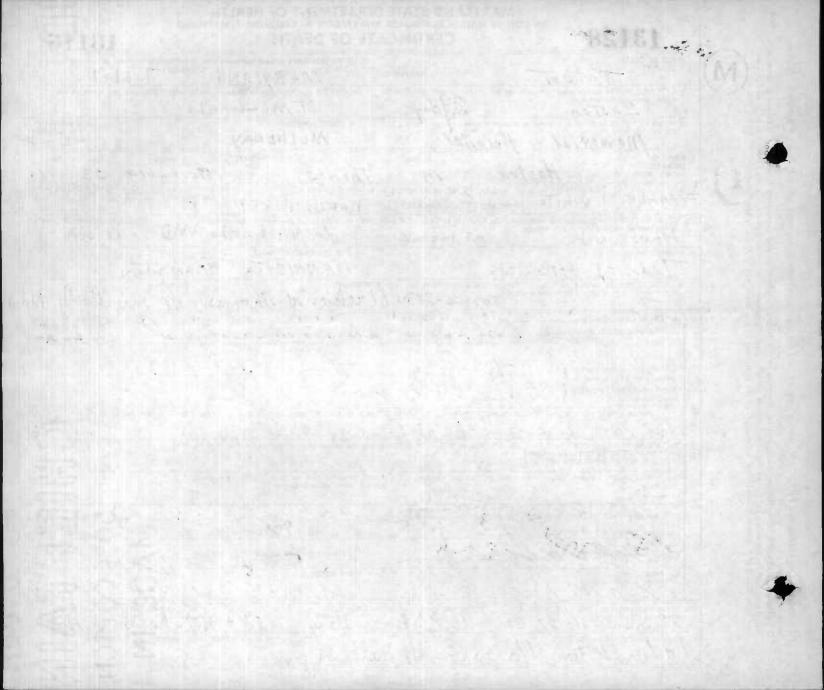
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY						
1	Ta/bot MARYLAND	MARY/AND IALbot						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
7	d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE						
)	ORINSTITUTION MORIAL HOSPITAL	MULBERRY YES NO 12-						
	3. NAME OF First Middle	Last 4. DATE Manth Day Year						
	OECEASED (Type or print) Hester M	Thomas DEATH November 23 1961						
	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  lost birthday)  Months Days Hours Min.						
	WIDOWED DIVORCED	MARCH 11, 1879 82 yrs.						
	10o. USUAL OCCUPATION (Give kind of wark dane dyring most of warking life, even if retired)	STRY 11. BIRTHPLACE (State ar foreign country)  12. CITIZEN OF WHAT COUNTRY?						
	HOUSEWIFE ATHOME	DATIVICUALES IND CUS.A						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	DANIEL HIGGINS	HENRIETTA PRAMPTON						
	(Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address O O TI						
	- Zor-26-3730 C	Curio M. Nomas of muckary. Ma						
	1B. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Callefid severe generalized of with							
	260 X DUE TO	260 X DUE TO D						
	Conditions, if any, which gove rise to immediate (b)	ended faitern						
	cause (a), stoting the under- lying couse lost.  DUE TO  Colored Policy M	cause (o), stoting the <u>under.</u>						
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO W						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 1B.)						
	Hour a.m. While Not while fac	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (Stote)						
		1000 11-52						
	21. I certify that (I) (this hospital) attended the deceased from	ON						
	saw the deceased alive on 1 3 19 13 and that a	death occurred at 25M, from the causes and on the date stated above.						
	Chr. mish D x 1	ATTENDING _/ MED STAFF SIGNED						
	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.   22d. ADDRESS						
	Jany in Reesen	17michaele md 11-26-61						
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify) 1/- 27-61	GREMATORY 23d. LOCATION (City, town, for county) (State)						
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE						
5	I I ambition Navison of M	Likaly RATEROV 3 0 '61 Civiling & St. 11						
		me						



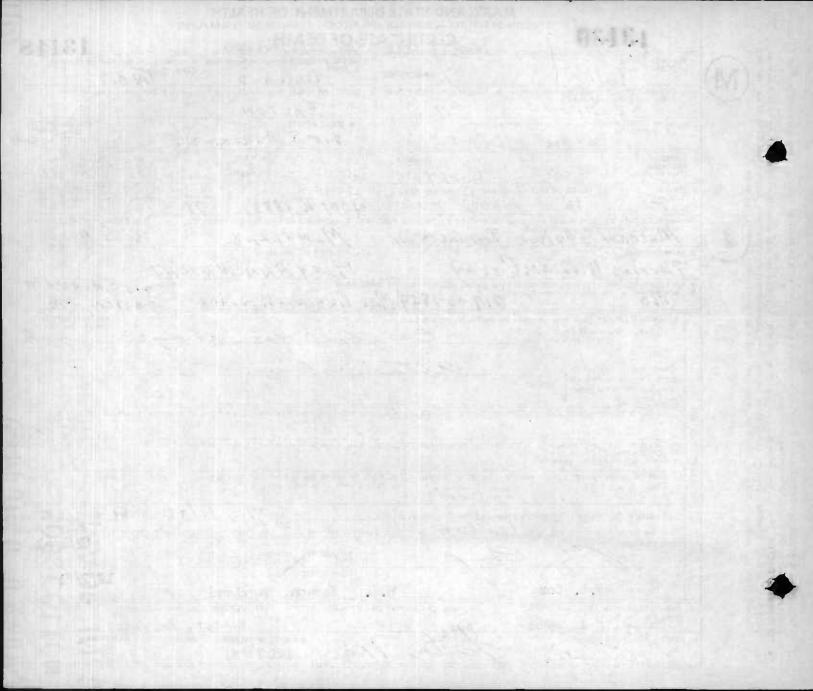
	MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18
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	199	CERTIF	ICATE OF D	EATH			Reg. Di	st. No.	13	117
1. PLACE OF DEATH a. COUNTY	albot	MARYLA	II a CTATE	arylan	deceased lived.	If institution. COUNTY	n: Resider		re odmiss	on)
b. CITY OR TOWN ( RURAL ond give n	(If outside corporate limits, v	write c. LENGTH OF STAY IN	1 1b c. CITY OR 1	OWN (If outs	de corporate lin	nits, write RI	JRAL and	give n'ec	rest towr	)
East		ll year	8 29 Ea	ston						
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give	street oddress)	d. STREET A	DDRESS					e. IS RES	IDENCE FARM?
705 (	Goldsborough	St.	705	Golds	borough	St.				NO 🛠
3. NAME OF DECEASED (Type or print)	ESTHER MAE	Middle TRICE	los	4	DATE OF DEATH NO	Mont		Do	•	rear 19 <b>61</b>
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AG	E (In years birthday)	IF UNDER			
female	***************************************	DIVORCED	- FIGURETT M		3		Months	Days	Hours	Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPL	ACE (State or I	foreign country)		12. CI	IZEN O	F WHAT	COUNTRY
housewife			M	arylan	d		U.	S.		
13. FATHER'S NAME		STATE OF THE	14. MOTHER'S	MAIDEN NAM	IE .					
	d Sherwood		Ma	rtha G	. Brown					
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCES (If yes, give war or dates of service		17. INFORMANT			Addr	ess			
no		213-22-9731	Mr. Raymon	d Trice	e Eas	ston,	Mary]	Land		
Conditions, if a gave rise to i cause (o), stating lying cause last.	the under-	Corp	rary C	eel	usm				ET AND	lden
<b>5</b>		ONS <u>CONTRIBUTING TO DEATH</u>	BUT NOT RELATED TO	THE TERMINA	L DISEASE CONE	OITION GIVE	EN IN PAR	T 1(a) 1	PERFO	NO 1
	AS UNDERLYING COME CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter noture of	injury in Port	I or Port II of it	tem 1B.)				
20c. TIME OF INJUR			e. PLACE OF INJURY I	lome, farm.	20f. (City or tow	n)	- (	County)		(State)
20c. TIME OF INJUR Hour a. st. p. m.		While Not while at work of work	factory, street, office	bldg., etc.)				-44		
21. I certify the alive on	nat I attended the de	ceased from Rug	eath occurred at	bldg., etc.)	A, from the PRESS (Street, cir	causes ar	nd on the	he dat	e state	decease d above TE SIGNE
21. I certify the alive on	Dr. P. E.	ceased from Cox.  196, and that decay.  Cox.	eath occurred at	bldg., etc.) , to	A, from the PRESS (Street, cir	causes and by or town, some Ma	r county)	nd	e state	d above

IE OF DEATH	
	aomus - Ventura
	The state of the s
	705 Oktober Students and Studen
A STATE OF THE PARTY OF THE PAR	Bonran Typini
The second state of the se	The state of the s
	Plant John Market Company
CONTRACTOR OF THE PARTY OF THE	
	CALL TO SECURE AND ADDRESS OF THE PARTY OF T
	27. Level broaded on Lebesta Force (Fig. 1.75)
AND	
Chalvin a distant	TOTAL
	Bay. 15, 1961   Woodlyon Heary

VR A15 (4) 1SM 9/S9

1		RYLAND STATE DE STATISTICAL RESEARCH A		TIMORE 1, MARYLA	AND	49446
1.	PLACE OF DEATH O. COUNTY TalbaT	MARYLAND	2. USUAL RESIDENCE (V		f institution: Residence I	pefare admissian)
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  E Cest Ton	c. LENGTH OF STAY IN 16	20 -	autside corporate limit	s, write RURAL and give	nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	espital	d. STREET ADDRESS 215 S.	AURORA .	57	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)  First  Apa C e	COVEY	Cesallac e	- The same of the	Month Vember	30 196/
	F W WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	SEPT. 16, 16	9. AGE (last b)	In years IF UNDER 1 Y rthday) Manths Da	EAR IF UNDER 24 HRS. ys Haurs Min.
L		NIND OF BUSINESS OR INDU	MARY	LAND	12. CITIZEN	OF WHAT COUNTRY?
13.	THOMAS WILLIAM CO	VEY	14. MOTHER'S MATTEN	NA WRI	CHT	
15. (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, no, or priown) (If yes, give wor or dates of service)	5. SOCIAL SECURITY NO. 17. 11 17.63-1859 M	SS. VIRGINIA	WALLACE	Address 15-5	AURORAST
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).]	elnal /	lak		INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the under-	arter	in lar		2	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE CONDI	TION GIVEN IN PART 1(	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Part I ar Part II of ite	m 18.)	
MEDICAL	Haur a. m. Whil	-1	ACE OF INJURY (Hame, fa ctary, street, affice bldg., e		(Cau	nty) (State)
	21. I certify that (I) (this haspital) after saw the deceased alive an/	1 1 -	death accurred at 33	MED. STAFF	uses and an the d	that (I) (we) last ate stated above.
	22c. PHYSICIAN'S NAME (Type) P. E. Cox	M.	22d. ADDRESS	Maryland	]	.2/2/61
23	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C		23d. LOCATION (Cit	y, town, or county) Maryland	(State)
24	FUNERAL STRECTOR'S SIGNATURE	JADDRESS /	Rd . 25a. RE DATE	C'D BY REGISTRAR	Sb. REGISTRAR'S SIGN	ATURE



# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be not by the hospital or attending physician. TO FUNE ALD DIRECTOR: After this certificate has been signed by the attending physician and campletely fills by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Baard of Health priar to burial, cremation, ar remavol, and in any event, within 72 haurs after death.

13132

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

THE REPORT OF ALLE RECORDS	DF 27-10 1 1
CERTIFICATE OF D	EATH

13120

b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)  Easton  d. NAME OF HOSPITAL (If not in hospitol, give streel address) OR INSTITUTION  D. O. A. Easton Memorial Hospital  3. NAME OF DECEASED (Type or print)  HARRY NEIGHBORS WHITBY,  5. SEX  6. COLOR OR RACE  WIDOWED DIVORCED  10a. USUAL OCCUPATION (Give kind af work done during most of warking life, even if retired)  generator operator  13. FATHER'S NAME	DATE OF BIRTH  9. AGE (In years lost birthday) Oct. 10, 1894  9. AGE (In years lost birthday) Months Days Hours Min
OR INSTITUTION  D. O. A. Easton Memorial Hospital  3. NAME OF DECEASED (Type or print)  5. SEX  Male  White  Widdle  HARRY NEIGHBORS WHITBY,  6. COLOR OR RACE  WIDOWED  DIVORCED  10a. USUAL OCCUPATION (Give kind af work done during most of working life, even if refired)  Penerator Operator  Dublic utilities	d. STREET ADDRESS  3 Pennsylvania Avenue  Lost  4. DATE OF BIRTH Oct. 10, 1894  RY 11. BIRTHPLACE (Stote ar foreign country)  14. MOTHER'S MAIDEN NAME  e. IS RESIDENCE ON A FARM? YES NO 19 61  Nov. 3, 19 61  Post of Birth Oct. 10, 1894  19. AGE (In years lef UNDER 1 YEAR IF UNDER 24 H Months Days Hours Min 19 10 10 10 10 10 10 10 10 10 10 10 10 10
3. NAME OF DECEASED (Type or print)  5. SEX  Male  White  Whose Widdle  HARRY NEIGHBORS WHITBY  7. MARRIED NEVER MARRIED 8.  Whose Widowed Divorced 100. KIND OF BUSINESS OR INDUST during most of working life, even if relired)  Penerator Operator  Middle  HARRY NEIGHBORS WHITBY  8.  100. KIND OF BUSINESS OR INDUST or relired)  Penerator Operator  Dublic utilities	A. DATE OF BIRTH  Oct. 10, 1894  RY  11. BIRTHPLACE (Stote ar foreign country)  Maryland  4. DATE OF Month  NOV. 3, 1961  P. AGE (In years lef UNDER 1 YEAR IF UNDER 24 Hours Min Days Hou
Color or RACE   The second of work done during most of warking life, even if retired   The second or RACE   The	SR. DEATH NOV. 3, 1961  DAJE OF BIRTH  Oct. 10, 1894  Fry 11. BIRTHPLACE (Stote ar foreign country)  Maryland  14. MOTHER'S MAIDEN NAME
5. SEX  6. COLOR OR RACE  Male  White  Widowed  DIVORCED  10a. USUAL OCCUPATION (Give kind af work done during most of working life, even if refired)  Penerator Operator  Dublic utilities	DATE OF BIRTH  Oct. 10, 1894  Prince of Grand Country  Oct. 10, 1894  Oct. 10, 18
Male White WIDOWED DIVORCED DI	Oct. 10, 1894   lost birthday)   Months   Days   Hours   Min   Min   Months   Days   Hours   Min   Months   Days   Hours   Min   Months   Months   Days   Hours   Min   Months   Months   Days   Hours   Min   Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  generator operator public utilities	Oct. 10, 1894 67 yrs.  IRY 11. BIRTHPLACE (Stote or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME
during most of warking life, even if retired)  generator operator public utilities	Maryland U. S.
	14. MOTHER'S MAIDEN NAME
	Mary L. Neighbors
William Whitby	AMALI MILLION AND AND AND AND AND AND AND AND AND AN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	<b>ORMANT</b> Address
(Yes, no, or unknown) (If yes, give war or dates of service)	es. Harry Whitby, Sr. Easton, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  MUST CAUSE  MUST	liel In later on Set and DEATH
4201 DUE TO	The contract of the contract o
Conditions if any which	( T
gave rise to immediate	When to during year
lying couse last.	I attended near
, (0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPERFORMED?  YES \( \subseteq \text{ NO} \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter noture of injury in Port I ar Port II af item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a. m. While Not while at wark at wark at wark	CE OF INJURY IHame, form, 20f. (City or town) (County) (Stoory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram	4 /3 1957, to 11/3 196/, that (1) (we) lo
saw the deceased alive an	eath accurred ay/24 M, from the causes and an the date stated above
220. SIGNATURE	ATTENDING ATTENDING DIRECTOR PHYS.   ATTENDING DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) Dr. L. J. Eglseder	22d. ADDRESS Easton, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Burial Nov.7.1961 Oxford Cemete	ery Oxford, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE  Maurice E. Newnam & Son  ADDRESS Easton, Md.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/59

SEIEL Anners with the state of the st The state of the s Dec. ID, IB94 . . . . 67 erodelia . . . espe yes a series of the searchest San Eine a state of the said of the said of the said No Care of Manager Harrist Company of the second 

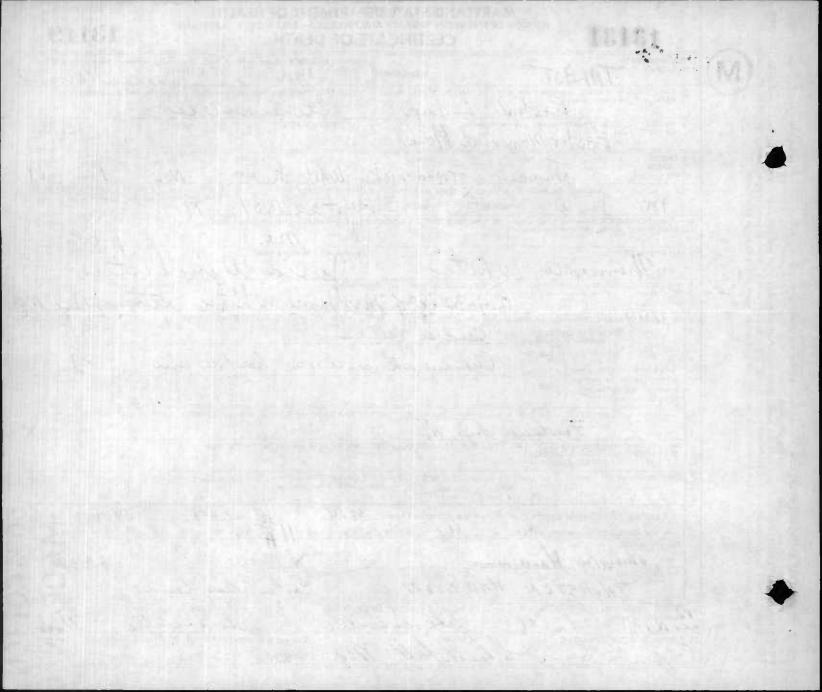
TO FUNER TO HOSPIT

VR A1S (4) 1SM 9/S9

13131

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	1. PLACE OF DEATH O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm O. STATE  D. COUNTY  MARYLAND	ission)
-	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY ON TOWN (If outside corporate limits, write RURAL and give nearest to	m
1	RURAL and give nearest town)	,
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS R	ESIDENCE
		A FARM?
3.	3. NAME OF DECEASED And First Middle Lost OF Month Day	Yeor
	(Type or print) James Trederick Waite & DEATH NOV	1961
5.	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UND	1 1
	MIDOWED DIVORCED Sept 22, 1884 77 yrs.	
10	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stote opforéign country)  12. CITIZEN OF WHA	COUNTRY
13	13. FATHER'S MAIDEN NAME White 14. MOTHER'S MAIDEN NAME Winchester	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no. or unknown) (If yes, give wor or dates of service) 2/4-32-6838 ms James white strengall	w m
F	1B. CAUSE OF DEATH [Enter only one couse per line fer (o), (b), and (c).]	BETWEEN
	PART 1. DEATH WAS CAUSED BY: Cardiac Failure  ONSET A)	ND DEATH
	The Addition of the Addition o	
	Conditions, if ony, which (b) Cacon any att evas clustic heart des sauce (?)	SFILS
	gove rise to immediate couse (a), stating the under-	
	lying couse lost. (c)	S ALITORSU
CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WA PER YES [	FORMED?
CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work of work of work work work work work work work work	(Stote
	21. I certify that (I) (this haspital) attended the deceased fram. 30 lit., 1941, ta / liv, 1961, that (I)	(we) las
	saw the deceased alive an /liv196/, and that death accurred at	ed abave
	ATTENDING MED STAFF _	22b. DATE SIGNET
	1 Murs true Hauciau M.D. PHYS.   MED. STAFF PHYS.   22c. PHYSICIAN'S   22d. ADDRESS   22d. ADDRESS	6/
	NAME (TYPE) HURSTON HARRISON Cartan Many land	
2	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (S REMOVAL (Specify) 1/3/6/ Stevensville Sevensville	note)
2	24. EUNERAL DIRECTOR'S SIGNATURE ADDRESS SIGNATURE 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	7.2
1 8	Edgar I Fare Church Hill Md, DATENOV 8 '61 acting & though	



or

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13133

1.	PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE	If institution: Residence before. COUNTY	ore admission)
-	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate lim		arest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	5 hrs 5 min	d. STREET ADDRESS	. 4	e. IS RESIDENCE ON A FARM?
	Memorial	Hosp.	Tural		YES NO NO
3.	NAME OF DECEASED (Type or print)  Robert	Lowis	VVILSON 4. DATE OF DEATH DE	Manth Do	3 1961
S.	MALE 6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED	The Grand last	(In years birthday)  Wonths Days  When the control of the control	Haurs Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	TALLETP	md 12. CITIZENO	S. A
	Attacked of	NO	ANGELINE S	3 Milh	
1S (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. es. no. or unknown) (If yes, give war or dates of service)		IS Beasi W. Wil	Address Oly. The	idello De
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditians, if ony, which gave rise to immediate  DUE TO	le far (a) (b), one (c).]	enmboye, le		ERVAL BETWEEN SET AND DEATH
ATION	lying cause last. (c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
CERTIFICATION		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II af it	em 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. It Haur a. m. p. m. 19 While ot worl		ACE OF INJURY (Home, farm, 20f. (City ar taw ctory, street, affice bldg., etc.)	rn) (Caunty)	) (State)
	21. I certify that (1) (this cospital) attends aw the detected line on 1071.	7	death accurred 3/5AM, from the co		
	22c. PHYSICIAN'S NAME (Type) C-H SO	timidt	M.D. PHYS. DIRECTOR PHY	Maryla	rd.
23	g. Byrial, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OFFERMATORY CENTER 23d. LOCATION (C	city, town, or county)	Ond
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Mi	Challe, DAIDY 2 9 '61	25b. REGISTRAR'S SIGNATURE	JRE
1			md.		

TELLET The series which the series of the property of the series 13134

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

-	-								_	_		
	C	ER	TI	FIG	CA	TE	0	F	DE	A	TH	1

13122

1. PLACE OF DEATH				SUAL RESIDENCE	(Where deceased			before admiss	sion)
TA	LBOT	MARYLA	IND	STATE MAR	EU LANJ	b. COUNT	TALE	SOT	
b. CITY OR TOWN (II RURAL and give ne	f outside corporate limits, write	c. LENGTH OF STAY IN	116	CITY OR TOWN	(If outside corpor	rote limits, write	RURAL and give	nearest town	n)
	STON	50 YR.	2	19 EA	STON				
d. NAME OF HOSPIT.	AL (If not in hospital, give street	address)	1	d. STREET ADDRESS				e. IS RES	SIDENCE A FARM?
	OURORA ST.			1148.17	UROPI	7-51			] NO [
3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mo	onth	Day	Yeor
(Type or print)	ELIZA M	ATILDA		WOOD	DEATH	NOVE	MBER	30	1961
5. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years lost birthday)		EAR IF UND	ER 24 HRS. Min.
-	WIDOW	ED DIVORCED	O BE	RIL 23,	1881	80 yrs	monning De	bys Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (St	ote or foreign co	ountry)	12. CITIZE	N OF WHAT	COUNTRY?
HOUSEK		amoti nome	-	MARI	LAND		Ü	, S. A-	,
13. FATHER'S NAME			14.	MOTHER'S MAIDE			^		
WILLIAM	n Russ			MATI	LDA	TURNE	K		
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFOR	MANT			dress	0 +	-00-
NO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NONE	E	ARLE	B. WOOT	7 20	4 Wyc	Hue, F	:142191
18. CAUSE OF DEA	TH [Enter only one couse per li	ne for (a), (b), and (c).]	THE REAL PROPERTY.					INTERVAL BE	
PART I, DEA	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	Coron.	and	Tar	only	-		2 4	24
420.1	DUE TO		1						
Conditions, if or	ny, which ) (b)	arteri	120	legan	- 30	wel	and		
gove rise to in cause (a), stating (	mmediate (					/			700
lying cause last.	(c)	STORY DIS							
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TE	RMINAL DISEASE	CONDITION G	IVEN IN PART 1	(o) 19. WAS	AUTOPSY ORMED?
PART II. OTH								YES [	
20a. ACCIDENT WA	CAUSE OF DEATH	CRISE HOW INJURY OCC	URRED. (En	ter nature of injury	in Part I or Part	II of item 18.)			
	MEDICAL EXAMINER)					3 6 Y 5			
20c. TIME OF INJURY Hour a.m. p. m.				OF INJURY (Home, f street, office bldg.,		or town)	(Cou	inty)	(Stote)
p. m.	19 While at wor	rk ot work	,,,,,						
21. I certify tha	t (1) (this haspital) attend	ded the deceased fr	am		19 58 to	11-30.	- 195 /	, that (1) (	we) last
saw the deceas	1 0 1	0/196/ and th							
220. SIGNATURE									b. DATE SIGNED
RO BAN H	13 6	4	M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.	1.00		SIGNED
22c. PHYSICIAN'S NAME (Type)	77 - 16	1		22d. ADDRESS		17	/		
TVAME (Type)	7.E COX			EAS!	TON /	/ARY	LAN.	D	
23 BURIAL CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETE	ERY OR CRE	MATORY	23d. LOCAT	ION (City, town	or county)	(Sta	te)
REMOVAL (Specify)	DECEMBER4	SPRING	· HIL	LCEMETE	Q4 E6	FSTON		M	D.
24 FUNERAL DIRECTOR	S-SIGNATURE	ADDRESS		25a. R	EC'D BY REGIST	RAR 2Sb. REC	SISTRAR'S SIGN	ATURE	
1 Total	Cack	EASTON	MD.	DATE	DEG 1,	61	Thing S.	Traces	

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